This Notice must be s			vorking days prior to the sta	NOVATION NOTIFICATION art of work.
		N/PERMIT (See Inst.		TING CODE: 574832 / 502702 / 02202
Project Permit	☐ NESHAP No			ication (NESHAP)
	T	YPE OF ACTIVITY		
Renovation (R)	Demolition	(M)	Ordered Demolition (O)	☐ Transport/Disposal (TD)
Emergency (E) (((E)(E)Renovation (E)	Courtesy (C		Encapsulate (S)	Repair (P)
Enclosure (N)	Remove (V		Revision to Permit No: N	IT P/N/C/F:
	ASBESTOS PRO	DJECT CONTRACTO	R (Operator)	
Asbestos Project Contractor, Individual or Company Name		The state of the s	The state of the s	
Mailing Address	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM		City	tate Zip County
Company E-Mail Address (Optional)	- Million Till	Contrac	ctor Contact Person (First and Last I	Name)
Telephone Number	The same of the sa		Fax Number	
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On-Site Project Contractor/Supervisor	TOTAL PROPERTY AND ADDRESS OF THE PARTY OF T	Con	tractor/Supervisor Accreditation Nu	mber Expiration Date
on one rioject contractor dupervisor	DEMOLITION/DEN/			Expractor Date
	DEMOLITION/REN	OVATION CONTRACT	TOR (Operator)	The control of the
	estation and the second		and the state of t	
Demolition/Renovation Contractor, Individual or Company N	Vame			The state of the s
Mailing Address	Face.	City	State Zip	County
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RACM WASTE DISPOSAL SITE Allied Waste Systems - Missoula Coral Creek - Baker Northern MT - Conrad																
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	y of Billings					The Table				Flathead County	The state of the s	minimum minimu		and - Sidney		
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work hours; containing	that all work pursu	uant to t	he autho uring thi	orizatio is proje	n of the	Asbes	stos Proj sported p	ect Perm	nit will be p	luring the demolition or renovati serformed in accordance with 40 sed of in a State-approved Class	CFR part 61, subpart M, Mont.	Code Ann. §§ 75-2-501	519, ARM	17.74.301 - 17.74.40	6; that all regulated asbestos-	
	Pr	rinted I	Name /	/ Signa	ature									Dat	e	
certify th	at the above in	format	ion is	correc	ct.											
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IF DEMOLITION IS ORDERE	D BY A GOVERNMENT AGENCY, IDENTIFY THE AG	GENCY BELOW:
Name:	Title:	
A. d 24		
Authority:		
Date of Order:	Date Ordered to Begin:	
	EMERGENCY RENOVATION	
FOR EMERGENCY RENOVATIONS	S - APPLICATION MUST BE SUBMITTED WITHIN FIVE DAY	S OF NOTIFICATION
Date and Hour of Emergency	March 1971	
Di	ate Hour	
		904
Description of the sudden, unexpected event:		Figure Topic Action of Section 1997
Explanation of how the event caused unsafe condit	ions or would cause equipment damage or an unreasonab	le financial burden:
	AGENTAL ANALOGRAPHA GENERAL GE	
FOR ASBESTOS PROJECTS P	LEASE ENSURE THE FOLLOWING IS POSTED ON SITE PE	ER ARM 17.74.355
A Approved permit from the Department.	1975 1975 1975 1975 1975 1976 1975 1975	
B1. Project design with sketchOR		
B2. Contractor Standard Operating Project Desi	gn dated Project specific sketch,	workers, and variance request.
C. List of accredited asbestos personnel with t	heir accreditation ID numbers and expiration dates.	
	al course certificate and the most recent refresher certific	ate (Per 40 CFR 763, Subpart E, App.
The second secon	me of stilling a many the stilling Sudanti mee	20070001 1000000000000000000000000000000
E STATE OF THE STA	Contract Volume and Fee Information	Company of the Control of the Contro
Type of Cost	Cost Description	Cost
Associated	Prep - Pre-Cleaning/Set up	The American Company of the Company
Associated Associated	Tear Down Mobilization/Demobilization	
Associated	Removal and Disposal of Asbestos	
Associated	Prepare Site Specific Project Design	Managara M
Associated	Prepare and File State Application	
Associated	Time and Material Basis	
Associated	Indirect Costs (SS, Medicate, etc.)	
Associated	Owner will provide electrical	
Associated	Owner will provide sufficient water and sewer	
Associated	Personal Air Monitoring	
Non-Associated	Air Clearances	The state of the s
Non-Associated	Pay and Performance Bonds	Difference of the second secon
Non-Associated	Insurance	the second secon
Non-Associated	MDEQ Asbestos Permit Fee	
Non-Associated	Time, Travel, Per Diem to Project Site	
The second secon	TOTAL	
	Contract Volume and Fee Information	
× 10% =	The HETODOMORPOWER CONTINUED TO COMP	
	nount Enclosed Check No.	DEPOSIT LOG NO.
Mail completed form and fee to: MT DEQ Asi	pestos Control Program, 1520 East 6th Avenue, PO Box OR te the Online Application at www.asbestos.mt.gov	
Mont. Code Ann. § 75-2-503(2) requires the departmen	t to issue a permit within seven calendar days following receives exceeding \$3000, the estimated time to process and issue a	ipt of a complete application with fee for decision is ten working days.

REVISED: 08/11/2010 PREVIOUS FORMS ARE OBSOLETE